

Case Number:	CM14-0156863		
Date Assigned:	09/29/2014	Date of Injury:	01/22/2003
Decision Date:	11/05/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old male with a work injury dated 1/22/03. The diagnoses include cervicalgia and myofascial pain syndrome. Under consideration is a request for Valium 10mg #150 with 2 Refills. There is a 9/2/2014 progress report that states that on examination there is cervical spine tenderness with presence of a scar and decreased ranges of motion in all directions. The upper extremities revealed tenderness at the subacromial space and bicipital groove, pain with resisted biceps flexion, and decreased abduction and shoulder flexion with pain. There was orthopedic testing indicative of supraspinatus tear positive bilaterally. Examination of the spine revealed tenderness at the facet joint and decreased range of motion with flexion, extension, and lateral bending. Tenderness at the sacroiliac joints was also noted bilaterally. Complaint of limb pain, muscle weakness, joint musculoskeletal issue, insomnia, anxiety, and depression were noted upon review of systems. The patient appeared mentally alert, oriented, and in no acute distress. The patient indicated constant bilateral arm pain and ongoing neck pain described as aching and constant, rated 6/10. The patient noted an inability to do anything at home without medications and the ability to care for self and perform very light housework with medication use. An 8/13/14 appeal states that the patient's medications reduce his pain and allow him to be able to take care of himself, do some light housework and move about in his home without difficulty. Without medication, he is very limited in what he does, in fact he can't even spend much time sitting or standing or doing anything. This shows that medications have been very helpful for him. To abruptly stop it all is also putting him in danger of causing severe withdrawal syndrome. He has been self-procuring his medicines, presumably pain medications. He is on Valium, which is a benzodiazepine and is not on the MTUS guidelines of approved medication, but he is getting it for anxiolytic properties, but also for

muscle relaxation as well as seizure of medication. He has history of seizures and Valium seems to work well for that, better than other things.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Valium 10mg #150 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation online resource dailymed.nlm.nih.gov/dailymed/drugInfo.cfm

Decision rationale: Valium 10mg #150 with 2 Refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of drug information on Valium. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. A review online of Valium reveals that oral Valium may be used adjunctively in convulsive disorders, although it has not proved useful as the sole therapy. The documentation does not support the continued use of Valium. The patient has been on this medication since 2012 which far exceeds the recommendations of the MTUS. In regards to using this medication for seizures, the MTUS states that tolerance to anticonvulsant effects occurs within weeks. The documentation additionally does not reveal that this is being used as an adjunct to other seizure medications. The request for Valium 10mg #150 with 2 Refills is not medically necessary.